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Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)

Amendment (Explain Below)

RECEIVED BY LOS ANGELES COUNTY 2024 AUG -5 PM 2: 39 CAMPAIGN FINANCE

CALIFORNIA FORM 470 For Official Use Only 017503

1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: KERRY D ERICKSON
STREET ADDRESS:
CITY: La CRESCENTA STATE: CA ZIP CODE: 91214
AREA CODE/DAYTIME PHONE NUMBER: 818 249 9577

3. Office Sought or Held

OFFICE SOUGHT OR HELD: CRESCENTA VALLEY WATER DISTRICT - DIRECTOR
JURISDICTION (LOCATION): La CRESCENTA CA 91214
DISTRICT NUMBER (IF APPLICABLE):

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 26 July 2024 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE